LAND DIVISION APPLICATION

Community Development 110 North 1st Street, Indianola, Iowa 50125-0299



110 North 1st Street, Indianola, Iowa 50125-0299 (515) 961-9430 • comdev@indianolaiowa.gov

PROPERTY OWNER		APPLICANT (if not Property Owner)	
(Last Name)		(Last Name)	
(First Name)		(First Name)	
(Address)		(Address)	
(City)(State)(Zip)		(City)(State)(Zip)	
(Phone)(Email)			
(2007)		(**************************************	
□ PLAT OF SURVEY	□ <u>PRELIMINA</u> I	RY PLAT	□ <u>FINAL PLAT</u>
Submittal Requirements:	Submittal Requirements:		Submittal Requirements:
All submittal requirements must be completed.	All submittal requirements must be completed.		All submittal requirements must be completed.
Incomplete applications will not be considered	Incomplete applications	s will not be considered	Incomplete applications will not be considered
 □ Completed Application □ Filing Fee: \$75 per request □ Proposed plat of survey (hard copy) □ Proposed plat of survey (electronic copy) □ Legal description (electronic in word format) □ Other Information as required by Director 	cess of 10 lots, land plus 0 ☐ Proposed preliminary ☐ Proposed preliminary ☐ Legal description (ele	\$10.00 for each lot in ex- Outside Engineering Costs plat (hard copy) plat (electronic copy) ctronic in word format) by Section 170.09 of the f Indianola, lowa	 □ Completed Application □ Filing Fee: \$150, plus \$10.00 for each lot in excess of 10 lots, land plus Outside Engineering Costs □ Proposed plat of survey (hard copy) □ Proposed plat of survey (electronic copy) □ Legal description (electronic in word format) □ All items as required by Section 170.10 of the Code of Ordinances of Indianola, lowa □ Other Information as required by Director
I certify that the information and exhibits submitted are true and correct to the best of my knowledge and that in filing this application I am acting with the knowledge, consent and authority of the owner(s) of the property. Pursuant to said authority, I hereby permit City officials to enter upon the property for the purpose of inspection related to this application. Signature Name (printed)			FOR OFFICE USE ONLY: Code to 45685 (prelim & final) Code to 45686 (plat of survey) Date Received: Receipt No: Receipt Amount: